

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>214529840</b>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>Vodafone US Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>NATIONAL REGISTERED AGENTS INC</b>  <b>4701 COX ROAD, SUITE 285</b>  <b>GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>DE</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>7/31/2014</b></p> <p>SCC ID NO: <b>F1761164</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> <tr> <td>PREFER</td> <td>500</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000	PREFER	500
CLASS	AUTHORIZED							
COMMON	1,000							
PREFER	500							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 560 LEXINGTON AVE. 9TH FLOOR</p> <p style="text-align: center;">CITY/ST/ZIP: NEW YORK, NY 10022</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ANNA EWING  TITLE: TREASURER  ADDRESS: 999 18TH ST.  SUIE 1750  CITY/ST/ZIP/CO: DENVER, CO 80202 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ANNA EWING TITLE: TREASURER ADDRESS: 999 18TH ST. SUIE 1750 CITY/ST/ZIP/CO: DENVER, CO 80202	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MEGAN DOBERNECK  TITLE: SECRETARY  ADDRESS: 999 18TH STREET  SUIE 1750  CITY/ST/ZIP/CO: DENVER, CO 80202 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MEGAN DOBERNECK TITLE: SECRETARY ADDRESS: 999 18TH STREET SUIE 1750 CITY/ST/ZIP/CO: DENVER, CO 80202	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CHARLES POL  TITLE: PRESIDENT  ADDRESS: 560 LEXINGTON AVE.  9TH FLOOR  CITY/ST/ZIP/CO: NEW YORK, NY 10022 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CHARLES POL TITLE: PRESIDENT ADDRESS: 560 LEXINGTON AVE. 9TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: FIROUZEH ARJOMANDI  TITLE: DIRECTOR  ADDRESS: 275 SHORELINE DRIVE  SUIE 400  CITY/ST/ZIP/CO: REDWOOD CITY, CA 94065 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: FIROUZEH ARJOMANDI TITLE: DIRECTOR ADDRESS: 275 SHORELINE DRIVE SUIE 400 CITY/ST/ZIP/CO: REDWOOD CITY, CA 94065	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JAN GELDMACHER  TITLE: DIRECTOR  ADDRESS: VODAFONE HOUSE, THE CONNECTION  BERKSHIRE, RG142, UNITED KINGDOM (GREAT BRITAIN  , , FN </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JAN GELDMACHER TITLE: DIRECTOR ADDRESS: VODAFONE HOUSE, THE CONNECTION BERKSHIRE, RG142, UNITED KINGDOM (GREAT BRITAIN , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRYAN GANNO ASST SECRETARY 999 18TH ST. SUITE 1750 DENVER, CO 80202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIK BRENNEIS DIRECTOR FERDINAND-BRAUN-PLATZ 1 DUSSELDORF, 40549, DE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN FITZPATRICK DIRECTOR 560 LEXINGTON AVE. 9TH FLOOR NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOAO HENRIQUES DIRECTOR VODAFONE HOUSE, THE CONNECTION BERKSHIRE, RG14 2FN, GB	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEFANO PARISSE DIRECTOR VODAFONE HOUSE, THE CONNECTION BERKSHIRE, RG14 2FN, GB	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD LOMBARD DIRECTOR 560 LEXINGTON AVE. 9TH FLOOR NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ BRYAN GANNO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRYAN GANNO, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	6/10/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			